

ACO Certification Program Performance Metrics

March 23, 2016

ACO certification program goals

Vision of Accountable Care

A health care system that efficiently delivers well coordinated, patient-centered, highquality health care, integrates behavioral and physical health, and produces optimal health outcomes and health status through the support of alternative payment.

- Create a roadmap for providers to work toward care delivery transformation balancing the establishment of standards with room and assistance for innovation
- Establish a common framework for data collection, information gathering, evaluation and dissemination of best practices to promote transparency for future learning
- Develop standards that align with payers' own principles for accountable care to further link accountability and enhance administrative simplification
- 4 Assure patient engagement and protection, especially for vulnerable populations



Arc of the ACO certification program

Current market

- Multiple ACO programs in the market
 - Medicare ACOs (i.e., MSSP, Pioneer, Next Gen)
 - Commercial programs (e.g., BCBSMA's AQC)
 - Medicaid ACOs
- General lack of evidence on the relationship between ACO capabilities and outcomes

First year certification focus

- Build baseline knowledge and transparency around current ACO capabilities
- Articulate standards for ACOs to enable payment reform
- Facilitate learning as a program and across ACOs

Vision

- Develop evidence on what advances transparency and efficiency in the market
- Move from structural requirements to outcomes and performance requirements



Overall ACO program structure

		III
Certification Standards (2016)	Performance on Quality Measures (2017 onward)	Performance on Total Medical Expense (TME) (2017 onward)
 Governance structure Population health management Cross continuum care Patient-centered primary care Needs and preferences of patient population Community-based health programs Quality and financial analytics Patient experience High quality care Shared savings/losses HIT 	 Prevention and wellness Chronic care Behavioral health Care coordination Patient and family experience Efficiency (e.g., hospital-wide readmissions) Overuse (e.g., imaging, antibiotic use) 	- TME data (from CHIA)
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Proposed ACO certification program design

Pre-requisites

5 pre-reqs. Attestation only



- ✓ Participation in at least one quality-based risk contract
- ✓ Risk-bearing provider organizations (RBPO) certificate, if applicable
- ✓ Any required Material Change Notices (MCNs) filed
- ✓ Anti-trust laws
- ✓ Patient protection

1) Assessment Criteria

5 criteriaSample
documents,
narrative
descriptions



- ✓ Patient-centered, accountable governance structure
- ✓ Population health management programs
- ✓ Cross continuum care: coordination with BH, hospital, specialist, and long-term care services

2) Required Supplemental Information

9 criteria

Narrative or data Not evaluated by HPC but must respond



- ✓ Supports patient-centered primary care
- ✓ Assesses needs and preferences of ACO patient population
- ✓ Develops community-based health programs
- ✓ Provides palliative care
- ✓ Performs quality, financial analytics and shares with providers
- ✓ Evaluates and seeks to improve patient experiences of care
- ✓ Provides high quality care
- ✓ Distributes shared savings or deficit in a transparent manner
- Commits to advanced health information technology (HIT) integration and adoption



MassHealth measure set - DRAFT under development

Measure

Patient Experience Survey (in development)

Prevention & Wellness

Pediatrics

Well child visits in first 15 months of life (W15)

Well child visits 3-6 yrs (W34)

Adolescent

Adolescent well-care visit (AWC)

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

Maternity

Prenatal and postpartum care

PC-01 Elective Delivery

Oral

Oral Evaluation, Dental Services

Adult (emphasis on SDH)

Tobacco use assess and cessation intervention

Adult BMI Assessment (ABA)

Avoidable Utilization

% reduction in avoidable inpatient admissions

% reduction in hospital all-cause readmissions

Measure

Chronic Disease Management

Controlling high blood pressure (CBP)

PQI-5: COPD

PQI-8: Congestive Heart Failure Admission Rate

Medication Management for People with Asthma (MMA)

Comprehensive diabetes care: A1c poor control (CDC)

Comprehensive diabetes care: High blood pressure control (CDC)

Behavioral Health / Substance Abuse

Screening for clinical depression and follow-up plan: Ages 12-17

Screening for clinical depression and follow-up plan: Age 18+

Depression remission at 12 months

Initiation and Engagement of AOD Treatment (IET)

Follow-Up After Hospitalization for Mental Illness (FUH)

Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)

Follow-up care for children prescribed ADHD medication

Long Term Services and Supports

Patients 18 and older with documentation of a functional outcome assessment and a care plan

Service/care plans address participants' assessed needs (including health and safety risk factors) either by the provision of waiver services or through other means



CMS/AHIP ACO core measure set

released 2/6/16

Cardiovascular Care

- Controlling high blood pressure
- Persistent beta blocker treatment after heart attack
- Ischemic vascular disease: use of aspirin or another antithrombotic

Diabetes

- Comprehensive diabetes care: HbA1c poor control (>9.0%)
- Comprehensive diabetes care: eye exam
- Comprehensive diabetes care: hemoglobin A1c (HbA1c) testing
- Comprehensive diabetes care: foot exam
- Comprehensive diabetes care: medical attention for nephropathy

Prevention and Wellness

- Cervical cancer screening
- Non-recommended cervical cancer screening in adolescent females
- Breast cancer screening
- Colorectal cancer screening
- Preventive care screening: tobacco use: screening and cessation
- Preventive care and screening: body mass index (BMI) screening and follow-up

Utilization and Cost/Overuse

- Use of imaging studies for low back pain

Pulmonary

- Medication management for people with asthma
- Avoidance of antibiotic treatment in adults with acute bronchitis

Behavioral Health

- Depression remission at 12 months
- Depression remission at 12 months progress toward remission

Care Coordination / Patient Safety

- Medication reconciliation

Patient Experience

- CG CAHPS
 - Getting timely care, appointments, and information
 - How well your doctors communicate
 - Patients' rating of doctor
 - Access to specialists
 - Health promotion and education
 - Shared decision making
 - Health status/functional status
 - Stewardship of patient resources

^{*} Overlap with MassHealth measures indicated in red

Proposed HPC ACO measure set



Pediatric measures (next slide)



¹ AHRQ's Prevention Quality Indicators (PQI); data source: CHIA/Hospital Discharge Database (HDD)

² Hospital-Wide-All-Cause Unplanned Readmission (Yale/CMS); NQF#1789; data source: CHIA/Hospital Discharge Database (HDD)

Proposed pediatric measures for HPC ACO measure set

Well-child visits in the first 15 months of life

Well-child visits in the third, fourth, fifth and sixth years of life

Adolescent wellcare visits Weight assessment and counseling for nutrition and physical activity

Screening for clinical depression and follow-up (ages 12-17)

Use of multiple concurrent antipsychotics in children and adolescents

Follow-up care for children prescribed ADHD medication

Appropriate testing of children with pharyngitis

Childhood immunization status

CG/CAHPS: Child

- Access to care
- Communication quality
 - Care coordination
 - Integration of care

MassHealth and BCBSMA measures

MassHealth measures

BCBSMA measures



ACO quality measurement process timeline

Collaborate with MassHealth & CHIA to collect and report on patient experience data. Exploring options on other data.		
Detient compained and		
Patient experience survey procurement (June)		
Patient experience survey fielded (Spring)	 -	
HPC will measure ACO quality as part of recertification		

